FORM D

UNITED STATES

THOMS CURITIES AND EXCHANGE COMMISSION

Workington Washington, D.C. 20549

OMB APPROVA

OMB Number:

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

FORM D

SEC USE ONLY							
Serial							
CEIVED							

Name of Offering (check if this is an ar	mendment and name has chang	ged, and indicate change.)			
NWJ Equity Investment Fund I,	L.P. Class A Limited Pa	rtnership Units			
Filing Under (Check box(es) that apply)	: Rule 504	☐ Rule 505		☐ Section 4(6)	ULOE
Type of Filing:		New Filing		☐ Amendment /	
	A. BA	SIC IDENTIFICATION I	DATA		
1. Enter the information requested abo	out the issuer				CUMED SO
Name of Issuer (check if this is an a	mendment and name has chang	ged, and indicate change.)		(63)	Service State
NWJ Equity Investment Fund I,	L.P.				. 7. 2005)
Address of Executive Offices	(Number and	Street, City, State, Zip Code	e) Telephone Numb	er (Including Area Code)	
1600 Market Street, Suite 1410, Phi	ladelphia, PA 19103	(215) 731-170	0		
Address of Principal Business Operation	s (Number and Street, City, St	ate, Zip Code)	Telephone Numb	er (Including Area Code)	170 407
(if different from Executive Offices Same as Ex	ecutive Offices		(215) 731-170		
Brief Description of Business		<u> </u>		· A	
The limited partnership is organ	nized for the purpose of	purchasing, reposition	ning, and investing	g in properties that	will be "Class B"
multi-family properties.					
Type of Business Organization				** ****	
☐ corporation	Ilimited partnership, alre	eady formed		☐ other (please specify)) :
☐ business trust	☐ limited partnership, to b	e formed			
		Month	Year		
Actual or Estimated Date of Incorporation	on or Organization:	03	2005	5	
Luisdistina of Insumentian on Ossacia		Destal Cambra abbassistics	- f C DE	☑ Actual □	Estimated
Jurisdiction of Incorporation or Organization		Postal Service abbreviation or other foreign jurisdiction			
	Civioi Canada, I'IV I	or other foreign jurisufetion	,		

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□Director	☑ General and/or Managing Partner
	name first, if individual) estment Fund I, LLC				
	idence Address (Number and eet, Suite 1410, Philadelphia.	Street, City, State, Zip Code) , PA 19103			
Check Box(es) that Apply:	Promoter	⊠Beneficial Owner of General Partner	Executive Officer or Manager of the General Partner	□Director	General and/or Managing Partner
Jekogian, Nicko					
	idence Address (Number and eet, Suite 1410, Philadelphia,				
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer or Manager	Director	General and/or Managing Partner
Full Name (Last	name first, if individual)				
Business or Res	dence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last	name first, if individual)			1.11.2	,
Business or Res	dence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last	name first, if individual)				,
Business or Res	dence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐Executive Officer	Director	General and/or Managing Partner
Full Name (Last	name first, if individual)				
Business or Resi	dence Address (Number and	Street, City, State, Zip Code)			
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last	name first, if individual)				
Rucinece or Reci	dence Address (Number and	Street City State 7in Code)			

-	TATELON		15077	APPROVICE.
K.	INFOR	IMATION	AROUL	OFFERING

1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes No _X
2.	What is the minimum investment that will be accepted from any individual?	\$500,000.00*
	*The General Partner at its discretion may agree to accept an investment of an amount less than the stated minimum investment.	
3.	Does the offering permit joint ownership of a single unit?	Yes <u>X</u> No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

NONE

	ne (Last na	me first, if	individual))									
Business	s or Resider	nce Addres	s (Number	and Street,	City, State	, Zip Code))				······		
Name of	f Associated	d Broker or	Dealer					······································					
	Which Per					it Purchaser	S			[]4	All States bu	t Ohio	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]]	[WY]	[PR]	
Full Nar	ne (Last na	me first, if	individual))									
Business	or Resider	nce Addres	s (Number	and Street,	City, State	, Zip Code)							
Name of	Associated	l Broker or	Dealer										
	Which Per					it Purchaser	3			[]	All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Nar	ne (Last na	me first, if	individual))									
Business	or Resider	nce Addres	s (Number	and Street,	City, State	, Zip Code)							
Name of	Associated	Broker or	Dealer								* *		
		Dioker of	200101										
		son Listed	Has Solici			it Purchaser	'S			[]/	All States		
	Which Per "All States" [AK]	son Listed	Has Solici			it Purchaser	s [DE]	[DC]	[FL]	[] / [GA]	All States	[ID]	
(Check	"All States	son Listed	Has Solici	States)				[DC] [MA]	[FL] [MI]			[ID] [MO]	
(Check [AL] [IL] [MT]	"All States" [AK] [IN] [NE]	son Listed " or check : [AZ] [IA] [NV]	Has Solici individual [AR] [KS] [NH]	States) [CA]	[CO]	[CT] [ME] [NY]	[DE] [MD] [NC]		[MI] [OH]	[GA]	[HI] [MS] [OR]	[MO] [PA]	
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(Check [AL] [IL] [MT] [RI]	"All States" [AK] [IN] [NE]	son Listed " or check [AZ] [IA] [NV] [SD]	Has Solici individual [AR] [KS] [NH] [TN]	States) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[MA] [ND]	[MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[MO] [PA]	
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(Check [AL] [IL] [MT] [RI] Full Nam Business	"All States" [AK] [IN] [NE] [SC] ne (Last nat	son Listed " or check : [AZ] [IA] [NV] [SD] me first, if	Has Solici individual [AR] [KS] [NH] [TN] individual)	States) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[MA] [ND]	[MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[MO] [PA]	
(Check [AL] [IL] [MT] [RI] Full Name Business Name of	"All States" [AK] [IN] [NE] [SC] ne (Last name or Resider "Associated" Which Per	son Listed " or check : [AZ] [IA] [NV] [SD] me first, if nce Address I Broker or son Listed	Has Solici individual [AR] [KS] [NH] [TN] individual) s (Number Dealer Has Solici	States) [CA] [KY] [NJ] [TX] and Street,	[CO] [LA] [NM] [UT] City, State	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[MA] [ND]	[MI] [OH]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[MO] [PA]	
(Check [AL] [IL] [MT] [RI] Full Nam Business Name of States in (Check	"All States' [AK] [IN] [NE] [SC] ne (Last nates' Associated Which Per "All States'	son Listed " or check at [AZ] [IA] [NV] [SD] me first, if nce Address I Broker or son Listed " or check at	Has Solici individual [AR] [KS] [NH] [TN] individual) s (Number Dealer Has Solici individual	States) [CA] [KY] [NJ] [TX] and Street,	[CO] [LA] [NM] [UT] City, State	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[MO] [PA] [PR]	
(Check [AL] [IL] [MT] [RI] Full Nam Business Name of States in (Check [AL]	"All States" [AK] [IN] [NE] [SC] ne (Last nates or Resider "Associated Which Per "All States" [AK]	son Listed " or check to [AZ] [IA] [NV] [SD] me first, if nce Address I Broker or son Listed " or check to [AZ]	Has Solici individual [AR] [KS] [NH] [TN] individual) s (Number Dealer Has Solici individual)	States) [CA] [KY] [NJ] [TX] and Street, ted or Inter States) [CA]	[CO] [LA] [NM] [UT] City, State	[CT] [ME] [NY] [VT] Zip Code)	[DE] [MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[MO] [PA] [PR]	
(Check [AL] [IL] [MT] [RI] Full Nam Business Name of States in (Check	"All States' [AK] [IN] [NE] [SC] ne (Last nates' Associated Which Per "All States'	son Listed " or check at [AZ] [IA] [NV] [SD] me first, if nce Address I Broker or son Listed " or check at	Has Solici individual [AR] [KS] [NH] [TN] individual) s (Number Dealer Has Solici individual	States) [CA] [KY] [NJ] [TX] and Street,	[CO] [LA] [NM] [UT] City, State	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[MO] [PA] [PR]	

1.		aggregate offering price of securities included in this of is an exchange offering, check this box \square and indicate in						
	dansaction	Type of Security	the columns below the amounts of t	ne se	Aggregate	JI CACI	_	nt Already
		Type of Security			Offering Price			Sold
		Debt		ç	0.00	1	\$	
		Equity			0.00		\$	
		Common Stock		Ψ	0.00	2	Ψ	0.00
		Convertible Securities (including warrants):						
					0.00	•	\$	
		Partnership Interests			10,000,000.00*	-	\$	
		Other -		\$.	0.00	<u>)</u>	\$	0.00
		*Maximum offering amount	•					
		Total		\$	10,000,000.00*	-	\$	0.00
		Answer also in Appendix, Column 3, if filing under	ULOE.					
2.	offering and	number of accredited and non-accredited investors who define the aggregate dollar amounts of their purchases. For or of persons who have purchased securities and the agon the total lines. Enter "0" if answer is "none" or "zero."	fferings under Rule 504, indicate					
					Number		Ag	gregate
					Investors			r Amount urchases
					_			
		Accredited Investors			0	-	\$	
		Non-accredited Investors		-	0	-		0.00
		Total (for filings under Rule 504 only)		-		-	\$	
		Answer also in Appendix, Column 4, if filing under						
3.	sold by the sale of secu	g is for an offering under Rule 504 or 505, enter the infor issuer, to date, in offerings of the types indicated, in the twitties in this offering. Classify securities by type listed in	welve (12) months prior to the first					
Not	Applicable				7 70 . 6		D.11-	
					Type of			r Amount
	-				Security		,	Sold
		Type of Offering					œ.	
		Rule 505		-		-		
		Regulation A		-		-		
		Rule 504		-		-		
		Total		-	-	-	\$	
4.	securities in information	n a statement of all expenses in connection with the n this offering. Exclude amounts relating solely to organi, n may be given as subject to future contingencies. If the nish an estimate and check the box to the left of the estimate.	zation expenses of the issuer. The e amount of an expenditure is not					
		Transfer Agent's Fees					\$	0.00
		Printing and Engraving Costs					\$	0.00
		Legal Fees				\boxtimes	\$	70,000.00
		Accounting Fees					\$	0.00
		Engineering Fees					\$	0.00
		Sales Commissions (specify finders' fees separately)					\$	0.00
		Other Expense (Identify) Administrative Expenses				\boxtimes	\$	30,000.00
		Total				\boxtimes	\$	100,000.00
							-	_

^{*}Maximum offering amount

C. OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSES ANI	USE OF PROCEEDS	
 Enter the difference between the aggregate offering price given i furnished in response to Part C - Question 4.a. This difference is the 			≥ \$9,900,000.
 Indicate below the amount of the adjusted gross proceeds to the issue shown. If the amount for any purpose is not known, furnish an estimate of the payments listed must equal the adjusted gross proceeds to the issue 	e and check the box to the left of	of the estimate. The total	
		Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees		0.00	□ \$ <u>0.00</u>
Purchase of real estate		□ \$ <u>0.00</u>	□ s
Purchase, rental or leasing and installation of machinery and equipment		□ \$ 0.00	□ \$ <u>0.00</u>
Construction or leasing of plant buildings and facilities		□ s 0.00	□ \$ 0.00
Acquisition of other businesses (including the value of securities involved in in exchange for the assets or securities of another issuer pursuant to a merger)		□ \$ <u>0.00</u>	
Repayment of indebtedness		\$0.00	S0.00
Working capital and General Corporate Purposes		□ \$ <u>0.00</u>	⊠ \$9,900,000.00
Other (specify):			
Column Totals		□ \$ □ \$0.00	$\ \ \ \ \ \ \ \ \ \ \ \ \ $
Total Payments Listed (column totals added)		⊠ \$ <u>9,9</u> (00,000.00
D. FEDI	ERAL SIGNATURE		,
The issuer had duly caused this notice to be signed by the undersigned duly at an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conon-accredited investor pursuant to paragraph (b)(2) of Rule 502.			
Issuer (Print or Type)	Signature		Date
NWJ EQUITY INVESTMENT FUND I, L.P.			4/ 7 /2005
By: NWJ Equity Investment Fund I, LLC, its General Partner			
Name of Signer (Print or Type)	Title of Signer (Frint or Type)	C 15.	·
Nickolas W. Jekogian III	Sole Member and Manager of	General Partner	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?.....

No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to 3. offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
NWJ EQUITY INVESTMENT FUND I, L.P.		4/ 7/2005
By: NWJ Equity Investment Fund I, LLC, its General Partner		,
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Nickolas W. Jekogian III	Sole Member and Manager of General Partner	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Appendix

				Appendix					
1	non-acc	to sell to credited rs in State B - Item	offering price offered in state	4 Type of investor a (Part C – Item 2)*	and amount purchased in	5 Disqualification under state ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)			
State	Yes	No	Up to \$10,000,000.00 Class A Limited Partnership Units	Number of Accredited investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
AL				mivestors	Amount	investors	Amount	105	110
AK									
AZ									
AR									
CA									
СО		1							
СТ									
DE									
DC									
FL									
GA									
HI				}					
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									
MT			N-1444						
NE									
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X X	Limited Partnership Units X	Number of Accredited investors	Amount	Number of Non-accredited Investors 0	\$0.00	Yes	No
X		0	\$0.00	0	\$0.00	103	
X					\$0.00		X
X							X
	X Up to \$10,000,000.00	0	\$0.00	0	\$0.00		 -
	X Up to \$10,000,000.00	0	\$0.00	0	\$0.00	Í	
	·			;			X
	·						
							-
1							+
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X	X Up to \$10,000,000.00	0	\$0.00	0	\$0.00		X
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